dialpad

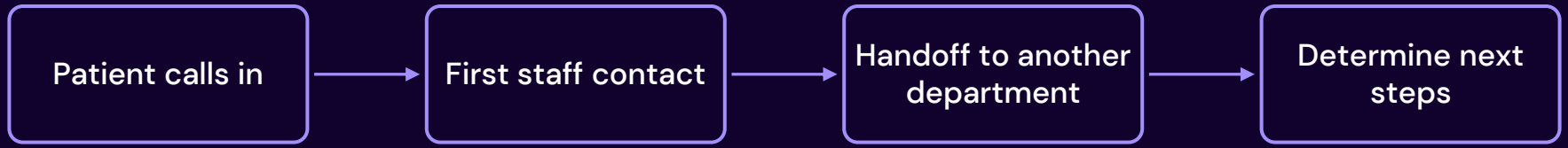
Modernize Patient Access While Keeping Human Judgment

A practical operating model for helping patients reach the right next step in their healthcare journey

AI in Healthcare | Boston | November 17, 2026

The front door is a journey, not a phone tree

Hypothetical: a patient calls for a referral update



- The request may cross channels, teams, agents, and systems before it is resolved
- Repeated questions and disconnected handoffs make one journey feel fragmented

Where do your patients most often have to repeat themselves?

Start with one workflow that can succeed safely

Volume

Does the workflow have a high level of demand?

Repeatability

Can the request be handled consistently?

Complexity

Are the boundaries clear enough to define?

Data availability

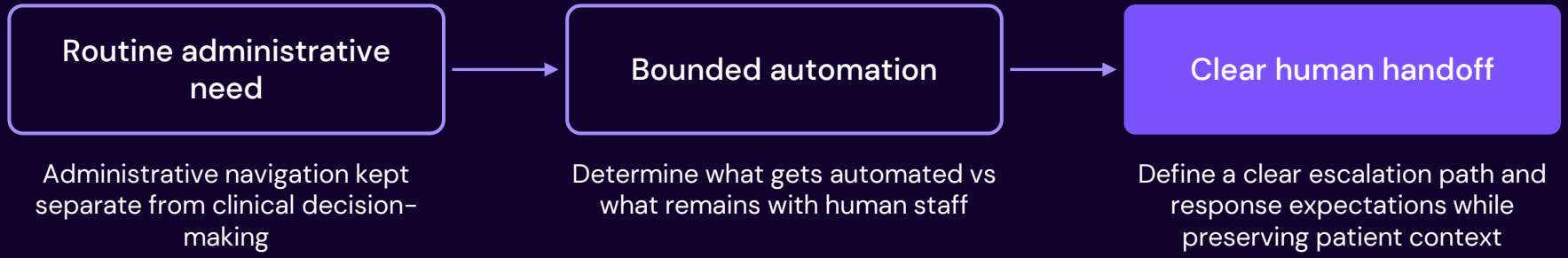
Are information, permissions, and integrations in place?

Escalation

Is there a reliable path for a human to take over the interaction as needed?

Pilot one ready workflow such as scheduling or referral status with clear limits and a named human handoff.

Govern the handoff, not just the AI answer



Govern the full communication trail

Calls · Messages · Recordings · Transcripts · Integrations · Staff practices

Compliance depends on agreements, configuration, workflows, staff practices, and ongoing oversight.

Stress-test the handoff, not just the happy path

Exception to test	What should happen?	Who is the fallback?
Unclear request	Clarify intent, or route to a person with the context captured so far	Identify the team that receives unresolved requests
Receiving team unavailable	Follow a defined backup path; the patient knows what happens next	Name the backup team and its response expectation
Failed integration	Fall back to a person without losing what the patient already shared	Receiving team supports the patient, IT + operations restore the integration

Measure easier access, not just automation

Access

- Time to reach the right team
- Rate of missed or abandoned contacts

Experience

- # of repeat contacts
- Patient sentiment & effort

Operations

- Workflow completion rate
- Staff corrections

Human handoff

- Handoff quality
- Context carried to the receiving team

Deflection alone can reward the wrong outcome.

Scheduling/EHR systems may remain the source of truth for appointment time and utilization.

Hopper started with the patient’s next step

- **The situation:** Orthopedic patients may be in pain, post-operative, or navigating scheduling and billing
- **The goal:** Timely, meaningful communication and a trusted next step
- **The resolution path:** Automate routine needs while preserving human judgment for sensitive moments
- **The proving ground:** Hopper’s Phoenix contact center became a center of excellence for conversational intake

Conversation intelligence made friction visible

Activity metrics

Traditional telephony showed call volume, answer speed, and abandonment rate

Conversation signals

Hopper used AI CSAT, AI Scorecards, and transcription analytics to better understand patient interactions

Workflow question

Where do journeys break down and which workflows need to change?

Conversation patterns helped focus attention on specific points of friction. Signals complement operational data, they do not prove clinical outcomes.

Conversational intake handles routine requests and escalates sensitive concerns

Patients describe why they are calling rather than choosing the “right” phone-tree option

Patient explains need in their own words

Routine administrative requests

Answered or routed when the workflow is approved

Human escalation

Sensitive or ambiguous concerns should reach qualified people with urgency and context

Example risk language only, not a rule set: post-operative pain, swelling, possible infection

A transfer can be the right outcome.

Hypothetical

Post-operative concern: automation should stop and a qualified care team should take over.

1 → 2 → 3

Recognize boundary

Automation stops when the request moves beyond its approved scope

Transfer context

The handoff carries the patient's intent, relevant context, and reason for escalation

Human judgment

The receiving team determines the clinical next step

> "In healthcare, deflection isn't always a good thing. Less call volume doesn't necessarily mean better care. What matters is the outcome."
>
> **Chase Williams, SVP of IT Transformation, Hopper**

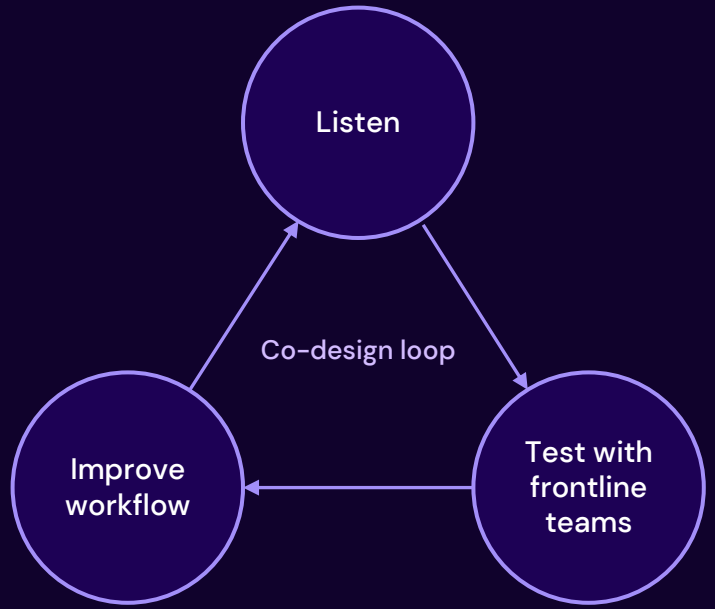
The scheduling opportunity was operational, not just technical



- Schedulers had historically been assigned to individual clinicians
- After go-live at Hopper and the Core Institute, conversation data surfaced a scheduling opportunity
- Hopper explored cross-utilizing scheduler capacity and specializing agent roles

Adoption works when the workflow helps clinicians.

- Change is more credible when frontline teams help surface missing workflows and confusing handoffs
- Explain the “why” in terms clinicians care about
- Design to reduce friction, not add clicks
- Position AI as support for existing teams, not a workforce-reduction program



Hopper’s story: insight matters when it changes the workflow

Understand patient intent → Route or escalate with context → Use conversation insights to improve workflows

Customer story

Hopper

Faster patient access without sacrificing trust

Challenges

- Patient conversations are high stakes and time sensitive
- Legacy systems tracked activity, not outcomes
- Limited visibility into where the experience breaks down

Reported gains and lessons

- Patients can reach the right destination faster with fewer transfers
- Conversation insights revealed where journeys and scheduling workflows could improve
- Human judgment remained central, not something automation replaced

Your next 90 days: one journey, one accountable pilot

Days 0–30

Choose and baseline

- Choose one high-friction journey
- Identify owners
- Capture a baseline

Days 31–60

Define and test

- Define boundaries, escalation path, destination, and fallback
- Build cross-functional test cases

Days 61–90

Review and decide

- Review access and handoff measures
- Decide whether to scale, revise, or stop

Involve IT, operations, frontline teams, privacy, and security at each step.

Illustrative pilot sequence; timing depends on readiness

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What would make the next step easier for your patients?

- Which patient journey creates the most friction today?
- Who owns the workflow and the human handoff?
- What baseline would show that access improved?

Q&A